

MENTAL HEALTH UPDATE January 29, 2009

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1982 When the last children’s ward in the Vermont State Hospital closed in 1982, Vermont received a 1915(c) Home and Community Based Medicaid Waiver under the leadership and authorship of John Pierce in the Department of Mental Health. The Waiver for children and adolescents with severe emotional disturbance allowed for the creation of services that were not in the state’s Medicaid Plan but would significantly reduce institutional care. The Waiver was the first and only one of its kind in the country for twenty years. It concluded in 2005 when it was superseded by Vermont’s Global Commitment Waiver, another first of its kind in the country

Your Time Is Needed

In the past two weeks the final input on the FY 2009 two and a half percent rescission from the Designated Agencies (DA’s) has been reported to DMH, and Governor Douglas has also put forth the recommended budget for fiscal year 2010 that will continue to force tight restraints on state spending. As the national economy has continued to falter, cuts in nearly all state services and financial support to services provided on behalf of the state, are reflected across Vermont. As well, private businesses and non-profits face significant reductions in income and supports while cost of operations has either increased or remained steady. It is not yet clear whether the federal government will provide some funds to assist in the sudden financial crisis Vermont and other states face, nor is it yet clear that if funds do come, what that amount will be.

Given the depth of these financial problems, it is likely that some impact will be felt by any person who seeks mental health assistance from a DA. As Vermont moves into the next state financial (or fiscal) year which starts on July 1, 2009 the input of peers, family members, board members, and service providers will be needed to ensure that the impact of reductions are understood, and directed to do the least harm possible to the very far reaching, but vulnerable system of mental health care constructed over the past 40 years. From time to time in the DMH Update, the department has asked for your assistance in our efforts to replace VSH inpatient beds, or improve the system overall, and many persons have come forward to assist us. However, many others around our state are only able to make a commitment on a local level. Now, more than ever, if you or a friend or

family member is asked to give input to the direction of mental health policies and services support, including becoming a member of a local board or committee within the system of care, please strongly consider doing so. The decisions on how to use the limited funding available and any new funding that may be forwarded from Washington, may well have a long term impact on how services are supported here in our state and your concerns on this spending should be represented as widely as possible.

ADULT MENTAL HEALTH

Lamoille County Mental Health (LCMH) Files Letter of Intent to Renovate Property in Morrisville

LCMH has filed a Letter of Intent indicating their plan to seek a Certificate of Approval (COA) for renovations of the former "Genesis" nursing home in Morrisville. LCMH acquired the property in a purchase agreement last year and seeks to renovate the 30,000 square foot space for the purposes of consolidating offices and treatment space of its community-based services programs. A COA will be required because the purchase and projected renovation plan costs for the project may exceed \$1.2 million, bringing the project within the scope of the review process. LCMH's letter of intent and DMH's acknowledgement is posted at <http://healthvermont.gov/mh/coa/index.aspx>

Supported Employment Strategic Plan Presented

Vermont's Community Rehabilitation and Treatment (CRT) Supported Employment Leadership Committee completed a final draft of the Supported Employment Strategic Plan. The purpose of the plan is to guide the future efforts of statewide supported employment activities and to reinvigorate the field. Presently, the plan includes a vision statement, guiding principles, and four strategic objectives that are the culmination of recommendations gathered at the well-attended July 2008 Strategic Planning Event and from facilitated discussions with the Supported Employment, (SE) Leadership Committee members.

VISION:

All adults receiving Community Rehabilitation and Treatment (CRT) services who choose to work will have meaningful, competitive employment at a level of their choice, using employment supports as needed.

GUIDING PRINCIPLES:

- ▶ Employment is a key element of recovery and will be an integrated component of CRT services at program entry.
- ▶ Individuals can work and have a right to employment and individualized supports.
- ▶ People will be encouraged to work and have career options.
- ▶ Everyone who wants to work will have access to evidence-based supported employment services.
- ▶ Peer support and advocacy contributes to increased employment success.
- ▶ Supported Employment, (SE) partners with employers to meet workforce needs.

STRATEGIC OBJECTIVES:

- ✦ Modify culture, policies, and procedures to increase the alignment and integration of Supported Employment within CRT.
- ✦ Develop resources in order to enhance recruitment, support, and retention of qualified SE staff.
- ✦ Develop a coordinated SE data infrastructure that informs the implementation and improvement of SE practices.
- ✦ Focus on customer knowledge to inform SE planning and improvement efforts.

The supported employment manager from Vocational Rehabilitation and the supported employment project coordinator from the Department of Mental Health presented the strategic plan to the CRT Directors and the Voc Rehab Managers on January 9 and to the SE Coordinators on January 21, 2009 in an effort to gain feedback and ensure key stakeholder support before finalizing the plan. All groups responded favorably to the plan and provided thoughtful suggestions which will be discussed and incorporated into further developments toward a final draft at the next SE Leadership Meeting to be scheduled in February.

CBS Covers Supported Employment

CBS Evening News with Katie Couric reported on supported employment for individuals with a mental illness on national television. The story, "Overcoming Unemployment and Mental Illness" aired January 5, 2009 and can be viewed at:

<http://www.cbsnews.com/stories/2009/01/04/eveningnews/main4697774.shtml>

Vermont is one of the 12 states mentioned in the news story that provides evidence-based supported employment.

Training Opportunities

***** Promoting Acceptance and Social Inclusion for People with Mental Health Problems in the Workplace***

Presented on Tuesday January 21, 2009 and available through the Substance Abuse and Mental Health Services Administration (SAMHSA) archive at:

<http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>

***** Vocational Rehabilitation Service Models for Individuals with Autism Spectrum Disorders***

Presented on Wednesday, January 28, 2009 and available through the National Center for the Dissemination of Disability Research (NCDDR) at:

<http://www.ncddr.org/webcasts/webcast15.html>

***** Strategies that Assist Consumers with Personality Disorders Attain Success in Vocational Rehabilitation***

Date: March 30 & 31, 2009

Time: 9:00am - 3:30pm

Location: Our Lady of the Angels Church, Randolph, VT

For more information, contact Cecile Sherburn at cecile.sherburn@ahs.state.vt.us or (802) 241-2447 or to register, visit <http://humanservices.vermont.gov/professional-development/events/dail-vr/1783-1>.

For more information on **Supported Employment** please contact Laura Flint, Vermont Supported Employment Project Coordinator at (802) 652-2028 or Laura.Flint@Dartmouth.edu.

CHILDREN'S MENTAL HEALTH

Transition Grant Invitation

The formal invitation to Vermont's communities to respond to the new federal grant for youth transitioning to adult life has been issued. The Act 264 Local Interagency Teams are being asked to organize the regional planning to respond to this invitation. Though the current budget situation for Vermont and the nation makes thinking of new initiatives difficult, the need for a more effective system for serving and supporting youth of transition age with severe emotional disturbance has been clear for a very long time. The very first case reviewed by the State Interagency Team (SIT) on March 23, 1988 grappled with the transition issues of a young woman. As an interagency system of care, Vermont has learned much during the intervening 20 years about what is needed and what works to help this population. This new Youth in Transition Grant provides \$9 million over six years and is an opportunity to bring key decision-makers and youth and family representatives together to plan how to improve the situation for now and the future, as well as an opportunity to demonstrate some of that thinking in action.

Questions about the Invitation can be addressed to Charlie Biss at Charlie.Biss@ahs.state.vt.us or 802-652-2009; to Scott Johnson at Scott.Johnson@ahs.state.vt.us or 802-241-4556; or to Brenda Bean at bbean0204@verizon.net or 802-229-1310.

Brenda Bean will officially start her role as Program Director for the Youth in Transition Grant on February 1. After that date, she will work with Charlie and Scott to identify a State Outreach Team for providing technical assistance to help address issues that may arise during the regional planning. Stay tuned!

FUTURES PROJECT

Transformation Council Meeting

The Advisory Council for Mental Health Services Transformation (the Transformation Council) held its monthly meeting on January 26th and received an update from Commissioner Hartman on the status of budget rescissions made with the Administration and the Joint Fiscal Committee in December. Many members expressed concern about these reductions and are concerned that more may come. The Commissioner offered that a final report on the rescissions, which were acted upon on a local agency basis, will be

forthcoming after all the information has been received and confirmed with all the Designated and Special Services Agencies. The Commissioner also offered that there will be some further impact on the DA's due to an OHVA four percent rate reduction that will average about \$20,000 per agency. These will reduce the per unit rate paid to agencies for OHVA funded services by four percent from the current rate. Overall, the DMH funding of agencies and contracts for FY 2009 has been reduced by approximately seven million dollars. The Commissioner offered that while no further reductions are being reviewed at this time, the financial instability nationwide does continue to impact Vermont, and that until there is some economic stabilization it will be difficult to predict the need for future reductions.

In response to this update, many members expressed concern that these reductions have impacted mental health services enough, and that further reductions will do significant harm to the system of care. Among the perceptions offered, were that cuts in mental health funding may increase hospitalizations, incarcerations, and increase the vulnerability of persons in the community. Based on these concerns, many members offered that the Futures Plan should be reviewed, in light of these reductions, as the premise of what was needed to replace VSH services was not built upon the extreme financial conditions that have arisen.

After a long discussion, members adopted the following resolution on a vote of 12 in favor, no opposed, and one abstention based on not supporting the need for such a resolution at this point in time:

- 1) Rescissions have already broadly damaged the system, and further cuts will threaten its fundamental integrity; and
- 2) The assumptions of the Futures plan were based on the strength of the community system, and a change in policy regarding adequate support of this system will require a new analysis of the impact on the scope of future institutional needs.

Following this vote, the Commissioner offered that he would put forth the concerns expressed by members of the Council, but wanted to be clear that he was not endorsing the assumptions made via the resolution. He indicated that research currently being engaged upon by DMH has yet to indicate what the clear impact of the level of reductions to the system of care. While there were a number of statements made that hospitalizations and other services will increase due to reductions, the national and DMH data reviewed thus far, indicate no clear pattern of services increase or inpatient hospitalization unique to time periods of reduced funding. Thus, while DMH shares the concerns the Council expressed, and also recognizes the current financial stresses are of a historic nature, more review would need to occur to substantiate the degree of impact stated by the resolution.

Vermont Southern Alliance for Care Stakeholders' Advisory Group Meeting

The Vermont Southern Alliance for Care held its monthly Stakeholders' Advisory Group Meeting for the Meadow View Recovery Residence in Brattleboro on January 12th. The various activities of the subcommittees working on facilities and emergency protocols were discussed. Bids for the project are being obtained with attention to the best and most cost effective design and renovation that will meet the needs of residents.

Individuals from the Peer Recovery Center in Springfield and the HCRS Local Adult Program Standing Committee are forming a Peer Recovery Focus Group to provide input on mission, values, and programming for Meadow View. The group will select one or two members to join the Stakeholders' Advisory Group. Initial mission statements for Meadow View Recovery Residence were reviewed; feedback and revisions from

Stakeholders have been encouraged. At the next Stakeholders' Advisory Group Meeting, Whitney Nichols will give a presentation on WRAP Planning and its significance in program development. The next meeting of the Stakeholders' Advisory Group will be held at the HCRS office at 51 Fairview Street in Brattleboro on February 9th from 9:00 to 11:00 AM. For further information, please contact George Karabakakis, COO, @HCRS (802) 886-4567; Ext. 2135.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Case Consultation

The VISI Case Consultation Call took place on January 14th, 2009. The Lund Family Center presented to a group of people from twelve agencies from around the state. The next Case Consultation will occur on March 11, 2009. If you are interested in participating in this call, please contact Patty Breneman at (802) 652-2033 or pbrenem@vdh.state.vt.us

VISI Forum Scheduled

On February 6, 2009 we will be holding our quarterly Vermont Integrated Services Initiative Forum at the Old Dorm Lounge at Vermont Technical College, Randolph, VT. Some of the topics that will be discussed at this meeting will include: the financial climate, the transition in VISI leadership, the final phase of the initiative, and strategies about prioritizing the efforts to maintain some of the initiative's activities.

VERMONT STATE HOSPITAL

VSH Files CMS Appeal

Following a request for certification, Center for Medicare and Medicaid Services (CMS) state representatives conducted an initial survey on September 18, 2008. In a letter dated October 1, 2008, CMS denied VSH's application for participation in the Medicare program. VSH requested that CMS reconsider its denial. However, in a decision dated November 20, 2008, CMS denied this request. Therefore, in an effort to gain CMS certification, on January 16, 2009, VSH filed an appeal with the United States Department of Health and Human Services.

This notice of appeal states that VSH intends to put forth evidence that the decision to deny VSH's request for participation in the Medicare program was erroneous as a matter of law and fact. In the Notice, VSH states that the majority of deficiencies cited by CMS were factually erroneous and that any deficiencies that did exist were not significant with respect to compliance with the Conditions of Participation, did not reach a conditional level, and therefore did not require CMS to make a determination that the hospital does not meet the requirements for participation in the Medicare program.

The Department of Health and Human Services will acknowledge receipt of the Notice of Appeal in writing. The Vermont State Hospital will then file a brief no later than 155 days after receipt of the acknowledgement. After the briefing is complete, a hearing will be scheduled in front of Administrative Appeals Judge Carol Hues. The Vermont State Hospital intends to invite CMS back to Vermont State Hospital for another survey prior

in the coming weeks. Should CMS certify VSH following this survey, the appeal will be rendered moot.

The full text of the appeal is available at the DMH website or by clicking on this link: <http://healthvermont.gov/mh/documents/Mergedcoverltrandappeal.pdf>

Violence Prevention Community Meeting (VPCM) at VSH

The aims of the Violence Prevention Community Meeting are to reduce violence on inpatient psychiatric units, thereby allowing a greater focus on patient treatment and recovery. The VPCM is an innovative, group-based treatment, led by nursing staff members. The VPCM has been tested on an acute inpatient psychiatry unit at the Bedford VA Hospital. Over a 9-week period, rates of patient violence decreased 85%. The effectiveness of this treatment is being further tested at three additional VA facilities, and the author has given permission for VSH to use this model.

The VPCM was designed by Marilyn Lanza, DNS, nurse researcher at the Bedford VA Hospital, with a number of other experts in group therapy and patient violence. Goals of the VPCM are to promote:

- a shared culture of safety and respect among patients and nursing staff
- respectful and health-promoting interactions between and among patients and staff
- Freedom for patients and staff from being targets, perpetrators, or witnesses of verbal or physical violence

Meeting twice weekly (and as needed, in response to violence), the VPCM focuses on understanding and reducing violence as an on-going need of the unit. Patients and staff are equally involved in VPCM's. This is not a treatment provided *by* nurses *for* patients, but a meeting of a community with participation by all, for the benefit of all.

The VPCM process is currently being piloted on the Brooks 1 unit. Once the pilot is completed and the process is successfully established, VPCM's will be implemented on Brooks 2 and Brooks Rehab.

Medical Director Transition

Dr. Tom Simpatico is Professor of Psychiatry and Director of the Division of Public Psychiatry at the University of Vermont College of Medicine. He has served as Medical Director for Vermont State Hospital since 2004, and will be leaving that position in July 2009 in order to direct the Veteran's Jail Diversion Initiative. In order to effect a seamless transition, Dr. Jay Batra will assume the role of Associate Medical Director for VSH immediately, and will become VSH Medical Director this coming July.

Dr. Batra is Assistant Professor of Psychiatry at the UVM College of Medicine. He trained in Psychiatry at Fletcher Allen Health Care/UVM, and currently serves as the Unit Clinical Director on VSH's B1 Unit. Prior to his current role, Dr. Batra served as the Medical Director of the Colby Inpatient Psychiatric Unit at the Adirondack Medical Center in Saranac Lake, NY. He is an excellent clinician and an avid teacher.

Dr Simpatico will manage the Veteran's Jail Diversion Initiative which is funded through a SAMHSA grant worth \$2.1 million over 5 years. As part of a public-private partnership between UVM/ FAHC and the Vermont Agency of Human Services Department of Mental Health, this project will create, deploy and maintain a behavioral health care management system for veterans and other persons with trauma-related illness, traumatic brain injury, serious mental illness and/or substance abuse. The objective is to seamlessly integrate clinical care for these individuals at all levels of the "real world" system. In addition, this project will facilitate regulatory management, guide clinical practices and create a clinical outcomes data warehouse for retrospective and prospective decision support regarding clinical, administrative and financial matters.

On behalf of the Vermont State Hospital we thank Dr, Simpatico for his leadership during extremely challenging circumstances and I want to welcome Dr. Batra who is widely respected for his professionalism and commitment to the highest standards of patient care.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 46 as of midnight Wednesday. The average census for the past 45 days was 45.0